

FFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HY298911

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION		
<p>NAME (LAST - FIRST - M.I.) RAEHL, GEORGE M</p> <p>TAR NO. POSITION DETENTION AIDE</p> <p>ATE OF APPOINTMENT 16-DEC-2011 EMPLOYEE NO. </p> <p>VIT OF ASSIGNMENT 004 BEAT/CALL NO. 0402</p> <p>EX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE DOB </p> <p>EIGHT 600 WEIGHT 261</p>			<p><input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR</p> <p>ADDRESS OF OCCURRENCE 2255 E 103RD ST</p> <p>CITY <input checked="" type="checkbox"/> CHICAGO STATE (if outside Chicago)</p> <p>LOCATION CODE 281-JAIL / LOCK-UP FACILITY BEAT OF OCCURRENCE 0434</p> <p>DATE OF OCCURRENCE 13-JUN-2015 TIME 04:30:00 DAY OF WEEK SATURDAY</p> <p>NO. OF OFFICERS BATTERED 3</p> <p>WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO</p> <p>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? </p>		
<p>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</p> <p><input checked="" type="checkbox"/> 1. ON DUTY</p> <p><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY</p> <p><input type="checkbox"/> B. UNIFORM, OTHER DUTY</p> <p>Describe </p> <p><input type="checkbox"/> C. CITIZEN'S DRESS</p> <p><input type="checkbox"/> D. TACTICAL</p> <p><input type="checkbox"/> E. B.I.S. UNIT</p> <p><input type="checkbox"/> F. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> G. OTHER </p> <p><input type="checkbox"/> 2. OFF DUTY</p> <p><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> 4. SECONDARY / OTHER</p>			<p>MANNER OF ATTACK</p> <p><input type="checkbox"/> 01. SHOT</p> <p><input type="checkbox"/> 02. SHOT AT</p> <p><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)</p> <p><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)</p> <p><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</p>		
<p>TYPE OF ACTIVITY</p> <p><input type="checkbox"/> A. AMBUSH - NO WARNING</p> <p><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT</p> <p><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON</p> <p><input type="checkbox"/> D. DISTURBANCE - DOMESTIC</p> <p><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT</p> <p><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER</p> <p><input type="checkbox"/> G. DISTURBANCE - OTHER</p> <p><input type="checkbox"/> H. MAN WITH A GUN</p> <p><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) </p> <p>CHARGE IUCR CODE </p> <p><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) </p> <p>ORIGINAL CHARGE ORIGINAL IUCR CODE </p> <p><input checked="" type="checkbox"/> K. OTHER </p>			<p>TYPE OF WEAPON/THREAT</p> <p>(Check all that apply):</p> <p><input type="checkbox"/> A. FIREARM CALIBER</p> <p><input checked="" type="checkbox"/> D. HANDS/FISTS</p> <p><input type="checkbox"/> E. FEET</p> <p><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</p> <p><input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)</p> <p><input type="checkbox"/> H. OTHER (SPECIFY) </p> <p><input type="checkbox"/> B. VEHICLE</p> <p><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE</p> <p><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT</p> <p><input type="checkbox"/> D. BLUNT INSTRUMENT</p> <p>FIREARM USE INFORMATION LOG # 101 5655 (Check all that apply)</p> <p><input type="checkbox"/> A. OFFICER AT GUN</p> <p><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</p> <p><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</p>		
<p>OFFENDER INFORMATION</p> <p>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB </p> <p>CB NO. IR NO. </p> <p>19132649</p>			<p>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</p> <p><input type="checkbox"/> 1. YES</p> <p><input checked="" type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 3. UNKNOWN</p> <p>GANG RELATED?</p> <p><input type="checkbox"/> 1. YES</p> <p><input checked="" type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 3. UNKNOWN</p> <p>NO. OF OFFENDERS PRESENT? 1</p>		
<p>LIGHTING CONDITIONS AT INCIDENT</p> <p><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK</p> <p><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</p> <p><input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR</p> <p><input checked="" type="checkbox"/> 2. GOOD</p>			<p>WEATHER CONDITIONS</p> <p><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER</p> <p><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND</p> <p>APPROXIMATE OUTDOOR TEMPERATURE: 70 °F</p>		

LOG # 1075655

Attachment # 12

REPORTING MEMBER - SIGNATURE
RAEHL, GEORGE M

STAR NO.

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
OAKES, KEVIN J 178